

EXHIBIT F

Claim no. 828 (Listed on the Claims Register as Claim no. 18553-B)

**WR Grace**

RUST000145

Bankruptcy Form 10**Index Sheet**Claim Number: 00000828Receive Date: 06 / 13 / 2002**Multiple Claim Reference**

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
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- ☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	<input checked="" type="checkbox"/> Other Attachments
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
<input type="checkbox"/> TBD	<input type="checkbox"/> TBD	
	<input type="checkbox"/> Other Attachments	
Other	<input type="checkbox"/> Non-Standard Form <input type="checkbox"/> Amended <input type="checkbox"/> Post-Deadline Postmark Date	

FORM B40 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT <u>U. S.</u> DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor HOMCO INTERNATIONAL, INC.		Case Number 01-01185-PJW <i>02/11/39</i>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and addresses where notices should be sent: Internal Revenue Service ROOM 1150 31 HOPKINS PLAZA BALTIMORE, MD 21201		
Telephone number: (410) 962-1874 Creditor #:		
Account or other number by which creditor identifies debtor: see attachment		THIS SPACE IS FOR COURT USE ONLY
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2. Date debt was incurred: <u>see attachment</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: <u>\$ 310,014,534.93</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ <div style="text-align: right; margin-right: 100px;">WR Grace BF.5.17.828 00000828</div> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority <u>\$10,000,000.00</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="transform: rotate(-90deg); font-weight: bold; font-size: small;"> FILED MAY 31 AM 10:15 U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE </div>
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 05/24/2002	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"><i>S. Thomas</i> Insolvency Manager</div>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service

Form 10
Attachment

In the Matter of: HOMCO INTERNATIONAL, INC.
7500 GRACE DRIVE
COLUMBIA, MD 21044

Docket Number

01-01185-PJW

Type of Bankruptcy Case

Chapter 11

Date of Petition

04/02/2001

Amendment No. 2 to Proof of Claim dated 07/25/2001

This claim is not subject to any setoff or counterclaim.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
74-1614655	CORP-INC	12/31/1988	1 ESTIMATED LIABILITY	\$26,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1989	1 ESTIMATED LIABILITY	\$38,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1993	1 ESTIMATED LIABILITY	\$28,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1994	1 ESTIMATED LIABILITY	\$49,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1995	1 ESTIMATED LIABILITY	\$71,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1996	1 ESTIMATED LIABILITY	\$55,000,000.00	\$0.00
74-1614655	CORP-INC	12/31/1998	1 ESTIMATED LIABILITY	<u>\$43,000,000.00</u>	<u>\$0.00</u>
				\$310,000,000.00	\$0.00

Total Amount of Unsecured Priority Claims: \$310,000,000.00

Unsecured General Claims

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
74-1614655	MISC-PEN	12/31/1992	07/10/1995	\$0.00	\$5,634.93

Penalty to date of petition on unsecured general claims (including interest thereon) \$8,900.00

Total Amount of Unsecured General Claims: \$14,534.93